

## Shared Work Plan Application

This form consists of two parts—the Shared Work Plan Application and the Participant Listing. **BOTH** parts must be completed and submitted to the Arizona Department of Economic Security for approval.

You may have two or more plans in effect at the same time covering separate groups of employees. Each plan must include at least two (2) employees and all must be identified by name and Social Security Number. Each plan must specify the beginning date for the plan (which must be a **SUNDAY**).

Explanation of Items on the Plan Application form:

1. Enter the name of the corporation, individual or organization that owns or controls the business.
2. Enter the Arizona Account Number, which appears on your Unemployment Tax and Wage Report (Form UC-018 that you submit to the Department each quarter).
3. Enter the name by which the business is commonly known (doing business as).
- 4-5. Self-explanatory.
6. Enter a future **SUNDAY** date—your plan **CANNOT** be effective prior to the Department's approval date.
7. Enter the total number of employees to be included in the plan as listed on the Participant Listing.
- 8-9. Self-explanatory.
10. Complete this item if any employee on the Participant Listing is represented by a collective bargaining agreement and submit the plan to the collective bargaining representative for signature. If there are more than three representatives, prepare an attachment providing a similar format.
11. Self-explanatory.
12. For Department use only.

Fax or mail your completed Plan Application and Participant Listing to

Arizona Department of Economic Security  
Special Programs Unit 918B-3  
P.O. Box 6666  
Phoenix, Arizona 85005-6666

Telephone: (602) 495-1861

FAX: (602) 254-4919



**MAIL TO:**  
**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**  
**SPECIAL PROGRAMS UNIT 918B-3**  
**PO BOX 6666**  
**PHOENIX ARIZONA 85005-6666**

## SHARED WORK PLAN APPLICATION

AGENCY USE ONLY (Plan No)

*Please TYPE or PRINT in black ink.*

1. EMPLOYING UNIT NAME		2. U.I. EMPLOYER ACCOUNT NO.	
3. BUSINESS NAME <i>(Enter "same" if same as item #1)</i>		4. BUSINESS PHONE NO.	
5. MAILING ADDRESS <i>(No., Street or PO Box, City, State, Zip)</i>			
6. ON WHAT DATE <i>(must be a Sunday)</i> DO YOU WANT THIS PLAN TO BECOME EFFECTIVE		7. NUMBER OF EMPLOYEES TO BE COVERED BY THE PLAN AS LISTED ON THE PARTICIPANT LISTING	
8. MAIN ARIZONA WORK LOCATION OF EMPLOYEES LISTED ON THIS PLAN Street _____ County _____ ZIP _____ Phone No. _____			
9. Will the fringe benefits of the employees listed on this plan be affected when their hours are reduced? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how? <i>(Please specify)</i> _____ _____ _____			

10. List each collective bargaining representative(s) for any employee(s) covered by this plan:

UNION NAME	LOCAL	UNION OFFICIAL	TITLE
A.			
B.			
C.			

I APPROVE OF THIS SHARED WORK PLAN

SIGNATURE (Official A)	DATE	SIGNATURE (Official B)	DATE	SIGNATURE (Official C)	DATE
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11. EMPLOYER CERTIFICATION

- ◆ Each employee listed on this plan has been paid at least \$1,000 in wages payable from this business during the six-month period immediately preceding the date of this plan.
- ◆ During the effective period of this plan, instead of layoffs there may be a reduction(s) in the total normal weekly hours for the employees specified on the attached Participant Listing. If a reduction occurs, the total normal weekly work hours reduced will be at least as many as would have occurred with a layoff.
- ◆ I have read and understand the SHARED WORK INFORMATION AND APPLICATION INSTRUCTIONS. I am aware of the potential effects on my Unemployment Insurance account *(experience-rated or reimbursable)* if Shared Work benefits are paid to my employees.

OWNER, PARTNER OR CORPORATE OFFICER'S NAME <i>(Type or print)</i>	TITLE
OWNER, PARTNER OR CORPORATE OFFICER'S SIGNATURE	DATE SUBMITTED

FOR DEPARTMENT USE ONLY - DO NOT COMPLETE BELOW THIS LINE

12. PLAN DETERMINATION

I recommend ☐ Approval ☐ Disapproval

REASON(S)


APPROVED BY	TITLE	DATE
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